with more reserve. It would seem to be insufficient to meet the formidable accidents of traumatic arthritis, and it is scarcely more efficacious in the cases in which the diaphyses of the bones are concerned. It is, perhaps, more hurtful than useful wherever the injury implicates a medullary cavity of the first rank (as in the diaphyses of the femur, humerus, and tibia), for the elastic tube which is so well borne by the soft parts becomes an agent of irritation all the more dangerous, as in the osseous system the phenomena of inflammation or absorption present special conditions which only explain too well the serious general complications that result. Drainage resumes all its efficacy in injuries of the skeleton of the extremities (as in the hands and feet, wrist and instep), whatever may be their extent or multiplicity.—*Med. Times and Gaz.*, Sept. 2, 1870.

54. *M. Guérin's New Method of Dressing Wounds.*—M. Guerin, being struck with the dust and germ theory of disease as advanced by Pasteur and Tyndall, was led to employ a new mode of dressing wounds founded on these doctrines. With this view he applies to wounds a thick covering of cotton so as to prevent by filtration the access to them of the dust and germs floating in the atmosphere. His mode is as follows: In dressing a stump, for example, he wraps it round and round with successive layers of cotton. A liberal use of the substance must be made, and several yards of cotton-wool successively disappear around the limb. It is quite obvious—to speak in the words of the surgeon of St. Louis—that the thick interposition of clothing is requisite to filter the air before it reaches the wound. It is not the less necessary to extend this dressing in all the directions of the limb, as foul or unfiltered air might find its way to the injured part. Thus, in amputation of the thigh, thick layers of cotton-wool are carried up to the hip and around the waist and the nates, so that all the approaches to the wound are carefully guarded in every direction. Coupled with this, M. Guérin exerts a gentle pressure over all the inclosed parts by means of ordinary cotton bands—a point to which he attaches great importance, as it enables him to tighten the whole appliance and to keep the parts snugly together.

This constitutes the entire proceeding. It may be observed that M. Guérin does not use carbolic acid in any way whatever. The wound is simply washed with camphorated alcohol after the operation. The surgeon's hands, the sponges, and instruments undergo no kind of preparation before the operation. The cotton-wool and cotton bands are steeped in no fluid.

M. Guérin lays great stress on the importance of carefully watching this dressing, which, it is interesting to observe, is intended to be a permanent one. He watches the dressing day by day, and never takes it off unless some extraordinary circumstance occurs, but contents himself with adding fresh layers of cotton-wool if he observes that it is in any way disturbed in such a manner as to permit of the introduction of unfiltered air into the wound. Thus the dressing may remain *in situ*, and does so in the great majority of cases, for twenty-five or thirty days. On removing the dressing after this lapse of time a healthy granulating surface is discovered, and half a wineglassful of healthy pus is found within the folds of the cotton. It may here be stated that M. Guérin, on applying a first dressing, stuffs up the stump with cotton-wool, which he introduces beneath the flaps. The process of granulation gradually drives out the cotton, and cicatrization takes place perfectly. Moreover, this mode of dressing may be applied, and has been with great success, to extensively abraded and burnt surfaces.—*Lancet*, Sept. 2, 1871.

55. *Transverse Rupture of the Trachea.*—Dr. Lauenstein relates the case of a soldier who received a kick from a horse on the anterior part of the throat, by which he was thrown upon the ground in a state of stupor. There was a contused wound of the jaw, three-quarters of an inch long and extending to the bone. This wound was secured by suture. The pulse was greatly accelerated, and at every respiration tracheal râles were heard. There was, also, cough, but without bloody sputa. A more careful examination detected the presence of tolerably extensive emphysema of the neck. From these

symptoms, taking into account the accident which gave rise to them, the diagnosis was a transverse rupture of the trachea. Notwithstanding there was an increase of the emphysema, yet, otherwise, a speedy improvement took place in the condition of the patient from the use of cold water and leeches. The only remaining symptom consisted in a dry croup-like cough. The patient is easily put out of breath by any attempt at motion, while pressure made upon a particular portion of the neck is attended with pain. GURLT has found recorded cases in which there was a solution of continuity, from accident, in the walls of the trachea; in five the wound was accompanied with fracture of the thyroid cartilage. In one only of these recorded cases was there a favourable termination, and then only after a resort to tracheotomy.—*Centralblatt f. d. Med. Wissenschaften*, Dec. 17, 1870. D. F. C.

56. *Loose Cartilages in the Knee-Joint removed by Subcutaneous Incision.*—Mr. W. J. SQUARE stated, at the recent meeting of the Surgical Section British Medical Association, that, since he published his account of the operation by subcutaneous incision about ten years ago, when he related nine cases, he had performed the operation fifteen times. The twenty-four cases had all been operated on without selection, and all had recovered without drawback. Cases were brought forward illustrative of the dangers incident to the operations by direct and valvular incision; and the operation practised by the author was described. The loose cartilage is conducted to the inner and lower part of the joint and held there by an assistant. A tenotomy-knife having been introduced, the capsule of the joint is freely incised upon the cartilage; the knife is then directed so as to open the cellular tissue over a convenient part of the fascia. The cartilage is now pressed and lifted out of the joint into the cellular bed prepared for it, and slid along for about three inches. It is fixed *in situ* with a firm pad and adhesive plaster, the foot and leg being bandaged up to the edge of the cartilage, and the limb placed in a splint. If no inflammation ensue, the cartilage is excised about a week after the operation. The paper closed with a few remarks on the different varieties of loose cartilage, their structure and origin.—*British Medical Journal*, August 26, 1871.

57. *Treatment of Burns.*—M. de BRUYNE recommends the following in cases of burns in place of the carron oil and similar applications: fresh hydrate of lime, 3 grammes; glycerine, 150 grammes; chlorinated chlorhydric ether, 3 grammes. The mixture is transparent and uniform, and is applied to the injured part by means of a piece of fine linen, over which may be laid oiled silk or other material to prevent evaporation. M. de Bruyne says that the treatment is equally applicable in cases of burn unattended with sloughing, and in those where sloughing has occurred and the eschars have fallen off. He believes that it will also be found useful in ill-conditioned wounds, and in tonic, callous, fungous, and foul ulcers. The quantity of the anæsthetic or of the lime may be varied according to circumstances.—*British Med. Journal*, August 19, 1871, from *Journal de Bruxelles et Lyon Médical*, July 23.

58. *Catechu and Opium as an Astringent in Gleet.*—Dr. R. LOCKE JOHNSON extols for the cure of gleet an astringent injection composed of: Tinct. opii ʒj; Tinct. catechu ʒss.; Mist. Acaciæ ℥ij. M., to be used twice daily. He relates one case in which the discharge ceased after the second application, and did not return.—*Medical Press and Circular*, August 23d, 1871.

59. *On Certain Rapidly Fatal Cases of Urethral Fever following Catheterism.*—Mr. W. MITCHELL BANKS, in an interesting paper on this subject (*Edinburgh Medical Journal*, June, 1871), remarks, "Of the great sensitiveness of the urethra, and of the readiness with which reflex actions are propagated by means of the numerous nerves supplying it and the neighbouring parts, all are aware, and it has, of course, been long recognized that instrumental interference with the urethra sometimes produces a train of unpleasant symptoms, varying in intensity from a mere passing rigor to such an attack as may actually terminate in death. It seems highly probable that this sensitiveness is height-